

8-17-00

6W 6W 42265

JURISDICTION 300

SOUTHEASTERN DISTRICT HEALTH DEPARTMENT
1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201

FEE PD Y N
PERMIT # 138256

TRAVEL TIME: 60
INSPECTION TIME: 60

**APPLICATION AND PERMIT VALID FOR ONE YEAR FROM DATE OF ISSUANCE

NAME: Bob & Julia Tripp		PHONE: 232-0496	PROPERTY ADDRESS: Gibson Jack		
MAILING ADDRESS: 225 West Carson		LEGAL DESCRIPTION: LOT SIZE (ACRES) 3.2 1/4 SECTION SE SECTION 24 TOWNSHIP 7 RANGE 34			
STREET/P.O. BOX		LOT # _____ BLOCK # _____ SUBDIVISION _____			
CITY: Pocatello		PARCEL # R24011001102 FROM TAX ASSESSOR'S OFFICE			
STATE: IDAHO		ZIP: 83204			
SEPTIC TANK SIZE: 1000 gal.	EST TYPE: 232	EFFECTIVE DISPOSAL AREA: 833 SQ.FT.	SOIL TYPE: C-1	MAXIMUM DEPTH BELOW GROUND SURFACE: 4 ft	# BEDROOMS: 3

INSTALLATION MUST BE BY LICENSED SEWER INSTALLER OR HOME/LANDOWNER

EHS SIGNATURE:	EHS #: 69	APPLICANT SIGNATURE:	DATE: 8/25/99
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REMARKS

INSPECTION

THE DISTRICT HEALTH DEPARTMENT SHALL BE NOTIFIED OF INSTALLATION 48 HOURS PRIOR TO BACKFILLING

SEPTIC TANK SIZE: 1000 gal	STANDPIPE: () YES (X) NO	MANHOLE DEPTH: surface	DEPTH BELOW GROUND SURFACE: 3'	ROCK UNDER PIPE: Indefinite
EFFECTIVE DISPOSAL AREA: 833 sq. ft.	INSTALLATION APPROVED: (X)	DISAPPROVED: _____	INSTALLER: Dale Mathews	INSTALLER #: 916

EHS SIGNATURE: Craig Madson	DATE: 08-17-00	CODE: G	EHS #: 65
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REMARKS: Manhole location 12' S of clean out 40' W of S.E. corner Deck.

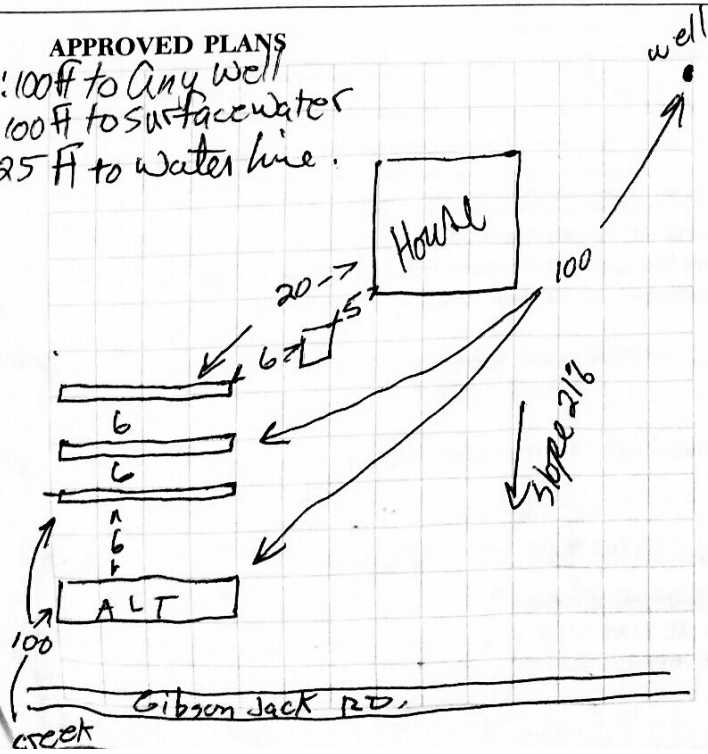
WATER SYSTEM

PLANS APPROVED: YES (X) NO _____	SAMPLE COLLECTED BY: _____	DATE: _____	STATE LAB INDICATES INTESTINAL BACTERIA WERE _____ WERE NOT _____ FOUND
MIN. DISTANCES PER STANDARDS/REGS. YES (X) NO _____	CHEMICAL PARAMETERS TESTED WITHIN LIMITS YES _____ NO _____	SYSTEM PUBLIC _____ PRIVATE (X)	

WELL (SPRING) APPEARS TO MEET CONSTRUCTION STANDARDS AT TIME OF INSPECTION (X) YES () NO	EHS SIGNATURE: _____	EHS #: _____
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REMARKS

APPROVED PLANS
A: 100 ft to Any well
B: 100 ft to surface water
C: 25 ft to water line.



AS BUILT PLANS

